



# RECORD OF IMPACT ATTENDANCE

State Form 44720 (R / 8-95) / IMP 2077

CM

For month of:

Due by:

Name of participant	Social Security number	Case number
Activity	Site	Code
Name of instructor	Telephone number (       )	Hours _____ per _____

**INSTRUCTIONS:** 1. Indicate the number of hours of attendance or work in the appropriate day's box.  
2. The supervisor or instructor must verify the information by signing this form.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

## RELEASE OF INFORMATION

I authorize the release of information concerning my attendance at the above-named location in order to comply with requirements for the IMPACT program.

Signature of participant	Date signed (month, day, year)
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I certify that this report is accurate.

Signature of instructor or supervisor	Date signed (month, day, year)
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## OFFICE USE ONLY

Hours scheduled	Hours participated
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